

## HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

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STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PARTI LOBBYIST	, , , , , , , , , , , , , , , , , , ,			
NAME(Last)	(First)	(Middle)	TELEPHONE	
Okabayashi	Neal	К.	525-5785	
MAILING ADDRESS (Street)			FAX	
P.O. Box 3200			525-5025	
(City)	(State)	And the state of t	(Zip Code)	
Honolulu	Hawaii		96847	
EMPLOYING ORGANIZATION (Fill in	n only if you are employed by a business entity	y which has been retained to lot	bby) TELEPHONE	
MAILING ADDRESS (Street)	· · · · · · · · · · · · · · · · · · ·		FAX	
(City)	(State)		(Zip Code)	

PART II ORGANIZATION					
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE			
First Hawaiian Bank	525-7000				
MAILING ADDRESS (Street)	FAX				
		525-5025			
P.O. Box 3200		·			
(City)	(State)	(Zip Code)			
Honolulu	Hawaii	96847			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		S STATEMENT TELEPHONE			
Neal K. Okabayashi		525-5785			
MAILING ADDRESS (Street)		FAX			
P.O. Box 3200		525-5025			
(City)	(State)	(Zip Code)			
Honolulu	Hawaii	96847			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
Agriculture	Education	Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation			
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation			
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections				
PART IV CERTIFICATION	OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
1						
Pen L	Signature of Lobbyist)	<del></del>				
	Signature of Lobbyist)		(Date)			
PART V AUTHORIZATION	TO LOBBY					
NAME		TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED			
Neal K. Okabayashi Vice President						
NAME OF ORGANIZATION (if applic	cable)	TE	LEPHONE			
	•					
First Hawaiian Bank			525-5785			
MAILING ADDRESS (Street) FAX			X			
P.O. Box 3200			525-5025			
(City)	(State)	(Zip Code	a)			
Honolulu	Hawaii	96847				
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
Neal in		JA	N 25 2005			
(Signature of Author	orizing Officer or Person Represent	ted)	(Date)			